130	
ARIZONA STATE BOARD OF HEALTH State File No. 1 9	
1 DIACE OF RIGHT	ITAL STATISTICS Registered No. 6
STANDARD CERTIFICATE OF BEATH	
County VUCA	State / FIT 3729
District or Township	
City Meani No Selved Callo le heach Ward	
If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2. Full name of child / Supplemental report, an directed.	
3. Sez of Child To be answered ONLY 4. Twin, triplet or other 16. Legitimate? 7. Date 17. Date 17. Date	
Male in event of plural 5. No., in order of birth	of birth
8. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	14. (MOTHER OF
Full name Jose	Full maiden name Letra Luersa
A surfum	
9. Residence (Usual place of abode)	15. Residence (Usual place of abode)
If non-resident, give place and state. An zma	If non-resident, give place and state. An zmg
10, Color or race	16. Color or race
SM41/ 29-	new 16
11. Age at last birthday(Years)	
12. Birthplace (city or place) Much vachau	18. Birthplace (city or place)
(State or country)	(State or country)
h. ' /	
13. Occupation Organis	19. Occupation
Nature of Industry	Nature of industry
20. Number of children of this mother (a) Born slive and now living 21. Were precautions taken against oph-	
(Taken as of time of birth of child herein (b) Born alive I	but now dead insimis neonatorum?
certified and including this child.) (c) Stillborn	
CERTIFICATE OF ATTENDING PHYSICIAN OF ALL WIFE 106 7 m. on the date above stated.	
(Born aliye)or stillporn.)	
* When there was no attending physician or midwife, then the father, householder, Signature	Xlheile, 6 Don
child is one that neither breathes nor shows other evidence of life after birth.	
(Prysician of midwile).	
Given name added from a supplemental report. Month day man	
Month, day, year	
Registrar Registrar	
865-1209. 7771	
\$ * *	and the control of th